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FILED

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

FEB 18 2010

CLERK'S OFFICE  
DETROIT

MAURICE A. POINTER,

Plaintiff,  
v.

MICHIGAN DEPARTMENT  
OF CORRECTIONS, et. al.,  
Defendants,

Civil Action No. 2:10-CV-10589  
HONORABLE DENISE PAGE HOOD  
UNITED STATES DISTRICT JUDGE  
HONORABLE VIRGINIA M. MORGAN  
UNITED STATES MAGISTRATE JUDGE

**OPINION AND ORDER TRANSFERRING PLAINTIFF'S CIVIL RIGHTS  
COMPLAINT TO THE WESTERN DISTRICT OF MICHIGAN**

Maurice A. Pointer, ("plaintiff"), presently confined at the Gus Harrison Correctional Facility in Adrian, Michigan, has filed a civil rights complaint in this district against the defendants pursuant to 42 U.S.C. § 1983. In his complaint, plaintiff claims that his constitutional rights were violated by the defendants while he was incarcerated at the Straits Correctional Facility in Kincheloe, Michigan. For the reasons stated below, the Court will transfer this matter to the Western District of Michigan for further proceedings.

**I. DISCUSSION**

In the present case, all of the actions complained of by plaintiff took place at the Straits Correctional Facility, located in Kincheloe, Michigan, which is located in the Northern Division of the Western District of Michigan. The defendants named in the complaint reside in the Western District of Michigan.

Venue is in the judicial district where either all defendants reside or where the claim arose. *Al-Muhaymin v. Jones*, 895 F. 2d 1147, 1148 (6<sup>th</sup> Cir. 1990); 28 U.S.C. §

1391(b). For the convenience of parties and witnesses, in the interest of justice, a district court may transfer any civil action to any other district or division where the action might have been brought. See *United States v. P.J. Dick, Inc.*, 79 F. Supp. 2d 803, 805-06 (E.D. Mich. 2000)(Gadola, J.); 28 U.S.C. § 1404(a). Venue of a lawsuit may be transferred *sua sponte* for the convenience of parties or witnesses. *Sadighi v. Daghighfekr*, 36 F. Supp. 2d 267, 278 (D.S.C. 1999).

The factors that guide a district court's discretion in deciding whether to transfer a case include: (1) the convenience of the witnesses; (2) the location of relevant documents and the relative ease of access to sources of proof; (3) the convenience of the parties; (4) the locus of the operative facts; (5) the availability of process to compel the attendance of unwilling witnesses; (6) the relative means of the parties; (7) the forum's familiarity with governing law; (8) the weight accorded the plaintiff's choice of forum; and (9) trial efficiency and interests of justice, based upon the totality of the circumstances. *Overland, Inc. v. Taylor*, 79 F. Supp. 2d 809, 811 (E.D. Mich. 2000)(Gadola, J.).

The Court concludes that both for the convenience of the parties and witnesses, as well as in the interests of justice, the present matter must be transferred to the Western District of Michigan. Although plaintiff is currently incarcerated at the Gus Harrison Correctional Facility, which is located in this district, venue is more appropriate in the Western District of Michigan, because all of the "operative facts" in this case took place at the Straits Correctional Facility, which is located in the Western District of Michigan. See *Pierce v. Coughlin*, 806 F. Supp. 426, 428 (S.D.N.Y. 1992). Because the Straits Correctional Facility is the primary situs of the material events in plaintiff's civil

rights lawsuit, plaintiff's choice of forum has little weight in the Court's determination. See *Boyd v. Snyder*, 44 F. Supp. 2d 966, 971 (N.D. Ill. 1999). Finally, the witnesses and files necessary to prosecute these claims are located in the Western District of Michigan. For these reasons, transfer of this action to the Western District would be proper. See *Welch v. Kelly*, 882 F. Supp. 177, 180 (D.D.C. 1995). Accordingly, this matter will be transferred to the Western District of Michigan for further proceedings.

## II. ORDER

Accordingly, the Court **ORDERS** the Clerk of the Court to transfer this case to the United States District Court for the Western District of Michigan pursuant to 28 U.S.C. § 1404(a).

S/R. Steven Whalen  
R. STEVEN WHALEN  
UNITED STATES MAGISTRATE JUDGE

Dated: February 18, 2010

## CERTIFICATE OF SERVICE

The undersigned certifies that a copy of the foregoing order was served on the attorneys and/or parties of record by electronic means or U.S. Mail on February 18, 2010.

S/Gina Wilson  
Judicial Assistant

## CIVIL RIGHTS

## PRISONER CASE INFORMATION SHEET

Case No. 10-10589 Judge: Hood M/J: Morgan Staff Attorney: Besser

## Plaintiff's Name and Inmate Number:

MAURICE A POINTER Inmate No. 542653

## Defendant's Name:

MICHIGAN DEPARTMENT OF CORRECTIONS ET AL

## Petitioner's Attorney/Address:

## Name of Correctional Facility:

Gus Harrison Correctional Facility

2727 E. Beecher Street

Adrian, MI 49221

LENAWEE COUNTY

To: STAFF ATTORNEYS From: CLERK'S OFFICE ☒ Detroit ☐ Divisional Clerk's Initials: DA Date: 02/12/2010

## THE FOLLOWING DOCUMENT(S) HAVE BEEN PLACED IN YOUR ELECTRONIC INBOX:

Litigation Printout: ☒ Yes ☐ No

- ☒ Order Re: Proceeding Without Prepayment of Fees and Costs  
☒ Civil Rights Information Sheet  
☒ Order Directing Service Without Prepayment of Fees and Costs  
☐ Acknowledgment of Receipt of Documents  
☒ Order to Provide Additional Copies  
☐ Order to Correct Deficiency  
☐ Other: \_\_\_\_\_

## Deficiency:

- ☐ Yes ☐ No IFP Application ☐ No Fee ☐ No Copies ☐ No Signature ☐ Other:  
☒ No

## THE FOLLOWING DOCUMENT(S) HAVE BEEN PLACED IN YOUR INBOX IN THE CLERK'S OFFICE:

- ☐ Motion  
☐ Request for: \_\_\_\_\_

To: DISTRICT COURT JUDGE From: STAFF ATTORNEYS S.A. Initials: dhb Date: 02/17/2010

## THE STAFF ATTORNEY WILL PREPARE THE FOLLOWING DOCUMENT(S):

- ☐ Order to Show Cause (Three Strikes)  
☐ Proposed Order of Summary Dismissal (For consideration by a District Judge.\*) *\*This determination is based on a preliminary screening of the pleading. If the Staff Attorneys subsequently conclude that a different disposition of the case is appropriate, they will notify chambers accordingly.*  
☐ Proposed Order of Partial Dismissal (of Defendants(s)) (For consideration by a District Judge.\*) *\*This determination is based on a preliminary screening of the pleading. If the Staff Attorneys subsequently conclude that a different disposition of the case is appropriate, they will notify chambers accordingly.*  
☒ Order of Transfer to: Western District of Michigan-will have Magistrate Judge Whalen review and sign.  
☐ Other: \_\_\_\_\_

## ALLEGATIONS/DISCUSSION:

MAURICE A. POINTER 542653

(Enter above the full names of all plaintiffs, including prisoner number, in this action.)

v. MICHIGAN DEPARTMENT OF CORRECTIONS,  
MEDICAL SERVICE PROVIDER,  
MEDICAL UNIT DIRECTOR, et al.Case:2:10-cv-10589  
Judge: Hood, Denise Page  
MJ: Morgan, Virginia M  
Filed: 02-11-2010 At 03:26 PM  
CMP POINTER V. MDOC ET AL (DA)

(Enter above the full name of the defendant or defendants in this action.)

COMPLAINT

## I. Previous Lawsuits

**CAUTION:** The Prison Litigation Reform Act has resulted in substantial changes in the ability of incarcerated individuals to initiate lawsuits in this and other federal courts without prepayment of the required \$350 filing fee. Accurate and complete responses are required concerning your litigation history. Generally, a plaintiff's failure to accurately and completely answer the questions set forth below will result in denial of the privilege of proceeding *in forma pauperis* and require you to pay the entire \$350 filing fee regardless whether your complaint is dismissed.

A. Have you ever filed a lawsuit while incarcerated or detained in any prison or jail facility? Yes ☐ No ☒

B. If your answer to question A was yes, for each lawsuit you have filed you must answer questions 1 through 5 below. Attach additional sheets as necessary to answer questions 1 through 5 below with regard to each lawsuit.

1. Identify the court in which the lawsuit was filed. If it was a state court, identify the county in which the suit was filed. If the lawsuit was filed in federal court, identify the district within which the lawsuit was filed.

2. Is the action still pending? Yes ☐ No ☐

a. If your answer was no, state precisely how the action was resolved:

3. Did you appeal the decision? Yes ☐ No ☐4. Is the appeal still pending? Yes ☐ No ☐

a. If not pending, what was the decision on appeal?

5. Was the previous lawsuit based upon the same or similar facts asserted in this lawsuit? Yes ☐ No ☐

If so, explain:

Place of Present Confinement STRAITS CORRECTIONAL FACILITY

If the place of present confinement is not the place you were confined when occurrence that is subject of instant lawsuit arose, also list the place you were confined: \_\_\_\_\_

### III. Parties

In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of Plaintiff LESLIE WIGHT MAURICE A. POINTER 542653 HEALTH UNIT MANAGER

Address STRAITS CORRECTIONAL FACILITY, 4387 W. M-80, KINCHELOE, MICHIGAN 49785

In Item B below, place the full name of the defendant in the first blank, his or her official position in the second blank and his or her place of employment in the third blank. Use Item C for the names, positions and place of employment of all additional defendants. Attach extra sheets as necessary. State whether you are suing each defendant in an official or personal capacity.

B. Defendant LESLIE WIGHT is employed as HEALTH UNIT MANAGER

at STRAITS CORRECTIONAL FACILITY

C. Additional Defendants Lori Davis, RN 13, Eilene Conklin, Nurse Practitioner

STRAITS CORRECTIONAL FACILITY

ASST. DEPUTY WARDEN-HOUSING: JACQUELINE NADEAU PROVIDER  
OF FOOT STOOL CLEARLY MARKED "NO STEP".

### IV. Statement of Claim

State here, as briefly as possible, the facts of your case. Describe how each defendant is personally involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets if necessary.

Upon intake at Straits Correctional Facility, I was interviewed by Lori Davis,  
RN 13, on 10-11-07. I informed her of my previous bodily injuries and my inability  
to climb, also that I was not sure of my footing on the stool provided for inmates  
to gain access and exit the top bunk. I was told by RN 13 Davis, "To leave!"

top Bunk, I tried to fix my assigned bunk while standing on a 2 foot high stool, provided for inmates to climb to the top bunk, I became unstable and I fell to the floor. RN 13 Davis came to my accident and grabbed me, pulling and jerking my left arm. I asked her not to do that, and RN 13 Davis replied, "I'm just trying to check your vitals." I replied, "Please don't." RN 13 Davis told Sgt. Mc Kay, "He doesn't want me to touch him. Well I'm going to check the camera to see if he just laid down, and if so, I'm going to make sure that he pays!" Upon my return from War Memorial Hospital in Sault Ste. Marie, I was told by Leslie White, Medical Unit Manager, "There is nothing wrong with you, you're just trying to steal a bunk, I'm not giving you nothing. I'll bet you'll be careful next time, and you know what you've got to do!" Medical Unit Director Leslie White, is referring to myself taking disciplinary action to resolve a medical situation!

I went to see Nurse Practitioner Eilene Conklin on 10-12-07 and she stated, "There's nothing wrong with you, you're not fat or have a limb missing, and you're not deformed, and I can find no reason to give you a bottom bunk detail. Exercise and walk to take away your soreness, because you don't need any medication and you can kite record's for your paperwork from the hospital and from KTF Straits Correctional Facility's Medical Service Provider, Tina Harvey, RN. T, a charge of \$2.25 for 9 Pages of documentation from War Memorial Hospital." I immediately left because anything said or done could and would be construed into a Major Misconduct and Administrative Segregation and a security level change.

relief

State briefly and precisely what you want the court to do for you.

To be placed in a Medical Facility that will Accommodate my medical needs and  
sleeping area. \$500.00 for every day I'm forced to sleep on a top bunk. Punitive  
relief for negligence for basing their decisions on a visual evaluation instead  
of physical examination, and also, pain and suffering for having to take this  
situation to Federal Court. Filing Fees, Copy Fees, and Attorney Fees. Also,  
at this time I request \$500.00 per day for everyday after 10-11-07 for not  
receiving proper medical care.

2.8.2010  
Date

Maurice A. Porter  
Signature of Plaintiff

**NOTICE TO PLAINTIFF(S)**

The failure of a *pro se* litigant to keep the court apprised of an address change may be considered cause for dismissal.

HOME MAILING ADDRESS  
15 EAGLE STREET, BATHE CREEK, NJ. 09037  
269.968.8862



MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247A

Date Received at Step I

10/16/07

Grievance Identifier:

KTF 02119 11985 039

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. PRINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-45</u>	<u>10-11-07</u>	<u>10-15-07</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date?

If none, explain why.

LESLIE WHITE - HEALTH UNIT MANAGER 10-11-07 3:50 PM

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

I DISAGREE WITH HER DECISION AFTER RETURNING FROM WAR MEMORIAL HOSPITAL SACKT SIE. MARIE. I WAS TELL THERE'S NOTHING WRONG WITH ME. YOUR TRYING TO STEAL A BOTTOM BUNK. SHE'S NOT OVERWEIGHT. MISSING A LIMB OR DEFORMED ALSO EX. I DON'T KNOW WHAT SHE GOT TOLD. BECAUSE I'M NOT SICK. SHE'S REFUSING TO ME TALKING A DISCIPLINARY ACTION'S TO RESOLVE A MEDICAL SITUATION AND I SHOULD NOT BE SUBJECTED TO A BIAS AND PREJUDICE ENVIRONMENT. ALL WHITE MEDICAL STAFF OF KTF. LESLIE WHITE IS BASES HER DECISION ON A VISUAL EVALUATION AND ANY MEDICAL EVALUATION IS BASED ON A PHYSICAL EXAM'S AS WELL AS VISUAL. THERE ARE SEVERAL INMATES THAT FIT MY EXTERIOR CRITERIA THAT HAVE BOTTOM BUNKS. MY MOST RECENT INJURY WAS SUSTAINED HERE AT KTF ON 10-11-07 11:5 A-2-45. I AM STILL FORCED TO STAY BUNK OR FACE DISCIPLINARY ACTION AND I'M BEING DENIED MEDICAL AND THE DOCUMENTATION SECTION KSDENIAL FROM WAR MEMORIAL HOSPITAL. HER DECISION'S SHOULD NOT BE ALLOWED TO AFFECT THE RIGHTS OF THE DEC IN HIS LIVING OR HEALTH CONDITION. BECAUSE THE MEDICAL DEPT IS NOT PART OF THE D.O.C. ALSO I SHOULD NOT BE FORCED INTO A DISCIPLINARY SITUATION TO RESOLVE A MEDICAL SITUATION. LESLIE WHITE IS UNPROFESSIONAL IN HER CONDUCT FOR BRING TO ANY INMATE ATTENTION TO TAKE A DISCIPLINARY MEASURE TO RESOLVE HER BIAS AND PREJUDICE DECISIONS! Maurice A. Printer

Grievant's Signature

RESPONSE (Grievant Interviewed?)

☐ Yes ☒ No

If No, give explanation. If resolved, explain resolution.)

[Signature]  
Respondent's Signature

10/23/07  
DateTheresa L. L. L. L. L.  
Respondent's Name (Print)RN 12  
Working Title

Karen Dennis  
Reviewer's Signature

10-24-07  
DateKaren Dennis  
Reviewer's Name (Print)RN 15  
Working TitleDate Returned to  
Grievant: 10/29/07

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

IN DEPARTMENT OF CORRECTIONS

## PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator  
at Step II: NOV 5 2007

Grievance Identifier

KTF02110108503A

## INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247 (which is provided to you if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: URF  
WARDEN by 11/8/07. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
POINTER MAURICE A	342653	KTF	A-2-45	10-11-07	11-4-07

STEP II--Reason for Appeal I HAVE NOT RECEIVED AN INTERVIEW OR NOTICE FROM KTF MEDICAL DEPT. I AM NOT ALLOWED TO HAVE A VERBAL SUMMONS FROM A UNIT OFFICER SEE MEMORANDUM DATED 10-24-07 FROM A LETTER SENT TO WARDEN JERRI ANN STEPHENSON ON 10-11-07. I HAD NO EVALUATION BECAUSE IT WAS NOT HELD IN THE MEDICAL DEPT. NACONKIN IS NOT QUALIFIED TO DIAGNOSIS MY PHYSICAL CONDITION AND WAR MEMORIAL HOSPITAL DIAGNOSED MY MEDICAL CONDITION. DEGENERATIVE DISC DISEASE OF MY SPINE WHICH LIMITS MY ABILITY TO CUMB. I REQUEST A BOTTOM BUNK TO ALLEVIATE MY PAIN AND STRUGGLE TO GAIN ACCESS TO THE BUNK THAT WAS ASSIGNED TO ME EVEN AFTER I FOR-WARNED DAVIS RN13 OF MY IMPAIRMENT ON 10-11-07 AT 10 45 AM. AND ALSO WHERE MY ACCIDENT ACCURED A-2-45

## STEP II--Response

Date Received by  
Step II Respondent:

NOV 5 2007

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant:

11/19/07

STEP III--Reason for Appeal I HAVE NOT RECEIVED ANY MEDICAL ASSISTANCE. TREATMENT FOR MY ER-SUIT AT WAR MEMORIAL HOSPITAL AND THE DETERMINATION FOR BOTTOM BUNK WAS MADE BY NACONKIN. REVIEW SEE SHE WISHIT STATEMENT I SENT MED. KITE 11-2-07. BLOOD PRESSURE, TEMPERATURE CHECKED CHARGED 5:00 PM. NEVER ADDRESSED ISSUES IN MY MED. KITE DATED 11-2-07. I'VE BEEN ASKING FOR MEDICAL ASSISTANCE SINCE MY PLACEMENT FROM KOFLEYAL 11-28-06. JENNIE STEPHENSON, MARC WEET KNOWINSKY HAVE DENIED MY REQUEST. VAD 061219712FI URF 070516506 URF 0708192012E P.O. 03041010 PARAG AD 0303130-PLANS STATEMENT. ARG. H.T. 6. J.K. 3. 0706122228E URF 070711201283 URF 070610612 DI P.O. 0402105 PAR. R L P.O. 0302130 PAR. K. REPAIRAL

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

Michigan Department of Corrections

October 23, 2007

KTF-07-10-1085-3f

**Grievance Step I Response**

Pointer, #542653

The patient was scheduled to discuss his grievance on 10/19/07 but failed to appear. The grievance was reviewed, and his issue appears to be inappropriate treatment. Investigation reveals on 10-11-07 the patient returned from the emergency room following a fall. Per the ER report, CT and x-ray reports were negative other than degenerative disc disease of the spine. The nurse advised the patient of the criteria for a bottom bunk and explained he did not meet the criteria. She denies telling the patient there was nothing wrong with him and states she acted in a professional manner at all times. The patient was scheduled with a medical service provider the following day. At that time the MP confirmed a bottom bunk was not medically indicated.

Michigan Department of Corrections November 9, 2007 KTF-07-10-1085-03f

**Grievance Step II Response**

Pointer #542653

Investigation supports the Step I Response. Medical records indicate that the patient was seen post ER visit for follow-up, on October 12, 2007. It was determined that a bottom bunk detail was not medically indicated at that time.

Patient may contact KTF Health Care, if his back pain persists, so that he can be re-evaluated.

Jeannie Stephenson  
Respondent Name

Jeannie Stephenson R.N.  
Respondent Signature

November 9, 2007  
Date

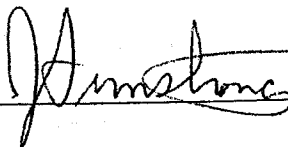
## THIRD STEP GRIEVANCE RESPONSE

Maurice Pointer #54653-542653  
Grievance #: KTF-07-10-1085-03f

The Grievant presents an issue which alleges in October 2007 he was inappropriately denied a medical detail for a bottom bunk. Grievant wants a bottom bunk and other medical assistance as relief for filing this grievance. This grievance was processed at the local level in accordance with the provisions of Policy Directive and Operation Procedure 03.02.130 (Prisoner/Parole Grievances).

This investigator reviewed the record presented with the appeal to step three. All relevant information was considered. Based on the review, this writer finds staff properly responded to the grievance and addressed the merits of the main issue grieved. No additional information was provided to negate the step I and II responses. Grievant was assessed for a medical detail in accordance with PD-03.04.100 and 04.06.160. This grievance appeal is denied.

Approval Signature: \_\_\_\_\_



Date: \_\_\_\_\_

12/29/07

# V/12-17-07

CC: Warden  
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSJ-247A

Date Received at Step I

10/16/07

Grievance Identifier:

KTF # 10 10/16/11 12A

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURICE A. POINTER	342653	KTF	A-245	10-11-07	10-12-07

What attempt did you make to resolve this issue prior to writing this grievance? On what date? \_\_\_\_\_

If none, explain why.

LESLIE WHITE-HUM 10-11-07 3:45 PM

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

ON 10-11-07, I HAD AN ENCOUNTER WITH DAVIS RN13 FOR INTAKE REASON'S UPON CONFIDING CONVERSING TO HER MY PHYSICAL IN PAINMENTS SHE BECAME UNPROFESSIONAL 10-11-07, AROUND 11:15 AM, I HAD AN ACCIDENT FOR WHICH I TRIED TO FOREWARN DAVIS RN UPON DAVIS RN13 COMING TO MY ACCIDENT SHE GRABS MY ARM IN AN UNPROFESSIONAL MANNER FOR ONE OF HER STAFF AND HAVING EXPERIENCE AND KNOWING I FAIL, DAVIS RN13 LAUGHASE REFERS TO YOU PEOPLE AND SHE'S GOING TO REVIEW CAMERA FOOTAGE TO MAKE SURE THAT I FAIL AND NOT JUST LAID DOWN AND SHE WOULD MAKE SURE THAT I PAID ANY MEDICAL BILLS. HER ACTIONS ARE DESPISING, BELITTLING, HARASSING, TAUNTING AND IN VIOLATION OF P.D. 03.03.130.

ALSO HER ACTIONS ARE DESCRIBED IN P.D. 03.02.130, MDP I, OCF I, ORF III

Maurice A. Pointer

Grievant's Signature

RESPONSE (Grievant Interviewed?)

☐ Yes ☒ No

If No, give explanation. If resolved, explain resolution.)

SEE ATTACHED memo

Theresa L. Lovin

Respondent's Signature

Theresa L. LOVIN

Respondent's Name (Print)

Date

2/12

Working Title

Karen Dennis

Reviewer's Signature

Karen Dennis

Reviewer's Name (Print)

10-24-07

Date

DN15

Working Title

Date Returned to

Grievant: 10/29/07

If resolved at Step I, Grievant sign here...

Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

AN DEPARTMENT OF CORRECTIONS

4835-4248 12/97

CSJ-247 B

## PRISONER/PAROLEE GRIEVANCE APPEAL FORM

Date Received by Grievance Coordinator  
at Step II: \_\_\_\_\_

Grievance Identifier

KTF 07/10 10611/2E

**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (received and you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: KTF  
Health Service 11/8/07 If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
POINTER MAURICE A.	542653	KTF	A-2-45	10-11-07	12-6-07

STEP II--Reason for Appeal **REGARDLESS OF THE GRIEVANCE AND STEP I RESPONSE I ASKING AND REQUESTING FOR MEDICAL AND PROMPT MEDICAL ASSISTANCE AND TREATMENT FOR THE CONTINUOUS PAIN I AM EXPERIENCING IN MY NECK, SHOULDER'S AND BACK AND ACCOMMODATION TO ALLEVIATE MY PAIN. STRUGGLE TO GAIN ACCESS TO ASSISTED TO BUNK A-2-45. 10-11-07 10:30AM. 10-11-07 10:45AM FORWARDED RN13 DAVIS. 10-11-07 11:00AM FALL FROM 2nd FLOOR. 10-11-07 3:50PM RETURNED FROM WAR MEMORIAL HOSPITAL EVALUATED BY LESLIE WISHT-HUM. PAIN BACK ON TOP BUNK A-2-45. 4:00PM. I BEING DENIED ADEQUATE AND PROMPT MEDICAL ASSISTANCE AND TREATMENT AFTER MY RETURN AND BEING DIAGNOSED BY A PHYSICIAN FOR DEGENERATIVE DISC DISEASE OF THE SPINE AT WAR MEMORIAL HOSPITAL - SAULT STE MARIE, MI. IN VIOLATION OF P.D.03.03.130. READ POLICY STATEMENT AND PARAGRAPH'S G-H-I-J-K-L P.D.03.02.130-PAR-K**

## STEP II--Response

Date Received by  
Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant:

## STEP III--Reason for Appeal

**AS PRINTED IN STEP I & II. AND ALSO I'VE SEEN NO DOCTOR. SINCE MY ER VISIT AT WAR MEMORIAL HOSPITAL LESLIE WISHT-HUM. PENNS FILON RN. JEANNIE STEPHENSON. MARC WEST-HUM HAS NEVER ADDRESSED OR GIVEN ME ANY MEDICAL ASSISTANCE. TREATMENT**

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III--Director's Response is attached as a separate sheet.**

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White--Central Office; Green - Canary --Step III; Pink--Step II; Goldenrod--Grievant

A2-45

### Step III Grievance Response

MAURICE POINTER

542653

KTF 07101061

Grievant alleges that the nurse was unprofessional when she responded to his medical emergency of falling out of the bed.

The information presented upon appeal to step III has been reviewed in addition to the medical record. The step I and step II responses appropriately address the grievance. As noted, investigation did not support his allegation. Also as noted, additional issues brought up with his step II and step III appeal will not be addressed.

Grievance denied.

Response of Bureau of Health Care Services

Date: 12/14/2007

Approved: \_\_\_\_\_

Date: 12/27/07

Step III ID: 213199

C: Warden

Regional Health Care Administrator

Grievant

1-7-08 4:30 PM NO ENVELOPE



MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247A

Date Received at Step I

10/24/07

Grievance Identifier:

KTF 07/01/098 1124

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURICE A. POINTER	342653	KTF	A-2-45	10-11-07	10-19-07

What attempt did you make to resolve this issue prior to writing this grievance? On what date? \_\_\_\_\_

If none, explain why.

LESLIE WHITE 10-11-07 3:50 PM.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

SINCE MY RETURN FROM WAR MEMORIAL HOSPITAL SAINT STE. MARIE, 10-11-07 3:50 PM I HAVE RECEIVE NO MEDICAL AT ALL UPON MYSELF TRINS TO CONVEY TO LESLIE WHITE - HEALTH UNIT MANAGER OF MY PAIN AND DEFACULTITS IN WALKING SITTING AND TRINS TO NEGOCIAT THE TOP BUNK IN WHICH MY ACCIDENT ACCUR FROM SHE BECAME IRRATE AND UNPROFESSIONAL. QUOTING THESE WORDS-I NOT GIVINS YOU NOTHING, THERE'S NOTHING WHONS WITH YOU-I'LL BET YOU WILL BE - CAREFUL NEXT TIME, FOR A PERSON OF HER STATE AND PROFESSIONSHE'S VERY UNPROFESSIONAL IN CONDUCT AND FOR HER MEDICAL PRACTICE, I FAIL TO MENTIONTH SHE TOLD ME-YOU KNOW WHAT YOU GOT TO DO! THERE ACTION'S ARE MEANT TO DISCOURAGE-HARASS, FRUSTRATE BROWN SKIN NATIVE AMERICAN'S FROM SEEKING MEDICAL ATTENTION, BECAUSE WE ARE THE ONLY INMATE'S COMPLAINING ABOUT MEDICAL.

Maurice A. Pointer  
Grievant's SignatureRESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)See attached memo

Maria Pereira 10-30-07  
Respondent's Signature Date  
Maria Pereira rw  
Respondent's Name (Print) Working Title

Marie West 11-6-07  
Reviewer's Signature Date  
Marie West HM  
Reviewer's Name (Print) Working Title

Date Returned to  
Grievant: 11/9/07If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 12/97  
CSJ-247 B

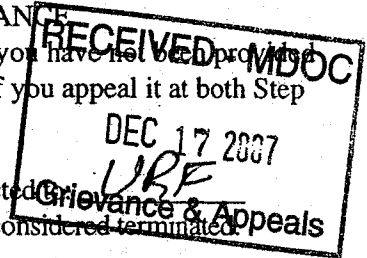
Date Received by Grievance Coordinator  
at Step II: NOV 27 2007

Grievance Identifier

KTF 0710 10981 12E

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE. The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to WARDEN by 11/28/07. If it is not submitted by this date, it will be considered terminated.



If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-45</u>	<u>10-11-07</u>	<u>11-22-07</u>

STEP II--Reason for Appeal NEVER RECEIVED CALLOUT FOR KTF MED. DEPT. NO VERBAL UNIT OFFICER FOR KTF MED. DEPT. HAVE NOT RECEIVED ANY MED. IN RESARD'S TO E.R. VISIT. LESLIE WISHT-HUM-MARIA PERERA. I'M NOT GIVING YOU NOTHING. THERE'S NOTHING WRONG WITH US. YOU KNOW WHAT YOU GOT TO DO, BET YOU ALL BE CAREFUL NEXT TIME. YOUR TRYIN TO STEAL A BUNK. 10-12-07. NO CONKLIN, TALK'S TO ME AS IF I'M IMPAIRED. KNOW MY BODY BETTER THAN I. AFTER BEING ASKED TO EXPLAIN. KTF MEDICAL STAFF BECOMES ARGUMENTATIVE & TERMINATE TO PREVENT A MAJOR MISCONDUCT AS THEIR RESOLUTION TO RESOLVE A MEDICAL SIT. KTF MED. DEPT. 11-2-07. 11-12-07. SEEN 11-05-07. TOOK BLOOD PRESSURE-TEMP. CHARGED \$500. NEVER ADDRESSED MY ISSUES AND REASON FOR KTF-CALLOUT. KTF MED. STAFF NEEDS ETHNIC AND RACIAL DIVERSITY COUNSELING

STEP II--Response

see attached

Date Received by  
Step II Respondent:  
NOV 27 2007

Jeannie Stephenson  
Respondent's Name (Print) Respondent's Signature 12/3/07  
Date

Date Returned to  
Grievant:  
12/5/07

STEP III--Reason for Appeal IF DISAGREE WITH STEP II. DERELICTION OF DUTY'S, EXTORTION OF MONEY, ABUS DENNIS, ADON NADEAU, MARC WEST-HUM, JEANNIE STEPHENSON PENNY FILON LESLIE WISHT-HUM. HAVE NOT RECEIVED MEDICAL ASSISTANCE, TREATMENT OR ACCOMMODATION. LAST SEEN BY A DOCTOR 10-11-07. EMERGENCY ROOM WAR MEMORIAL HOSPITAL FOR A FALL FROM A 2 FOOT HIGH STOOL THAT'S CLEARLY MARKED "NO STEP". THEY DO NOT FOLLOW POLICY DIRECTIVE'S OR OPERATING PROCEDURE'S AND A GRIEVANCE MEAN'S NOTHING TO THESE PEOPLE

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III--Director's Response is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

A243

**Step III Grievance Response****MAURICE POINTER****542653****KTF 07101098**

Grievant alleges he is not receiving adequate medical care.

The information presented upon appeal to step III has been reviewed in addition to the medical record. The step I and step II responses appropriately address the grievance. Step I and step II responses are affirmed. Review of medical records show grievant has been assessed, evaluated and treated by the Medical Practitioner. Grievant has also been issued a special accommodation for a bottom bunk. Grievant is encouraged to follow the plan of care recommended and request follow up care as needed.

Grievance denied.

Response of Bureau of Health Care Services *WMM*

Date: 2/20/2008

Approved: *[Signature]*

Date: 3/6/08

Step III ID: 213778

C: Warden

Regional Health Care Administrator

I

Grievant

Date Received at Step I 10/21/08 Grievance Identifier: KCF081091283128E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
POINTER MAURICE A.	342653	KCF	B-3-76	10-16-08	10-17-08

What attempt did you make to resolve this issue prior to writing this grievance? On what date?  
If none, explain why. REFUSED TO SEE DOCTOR IN STALLMAN ON 10-9-08 AND 10-14-08.  
NO RESPONSE TO REASON OF KITE'S BEAT ON ABOVE DATES.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

GRIEVANCE IN REFERENCE TO SUSAN H. WILSON - NP, POOL SERVICE, UNPROFESSIONAL CONDUCT - FILING LAWSUITS, REFUSING TO OBEY P.D. 03.04.100 CEN THOSE SERVICE. SUSAN H. WILSON, IN VIOLATION OF P.D. 03.03.130. FOR KNOWING MY PHYSICAL PROBLEMS THEN DENYING EXACTLY WHAT- WHY I WAS THE REASON ADDRESSED ON MEDICAL KITE DATED 9-26-08.

GRIEVANCE IN ACCORDANCE TO P.D. 03.02.130 PAR. - P. INTENTIONAL, DELIBERATE, INDIFFERENCE'S

GRIEVANCE CAROL D. BERLINER IN VIOLATION OF P.D. 03.02.130 PAR. K. AND ALSO TOM MACKIE - A/ADU.

[Signature]  
Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☒ No If No, give explanation. If resolved, explain resolution.)

SEE ATTACHED RESPONSE.

[Signature]  
Respondent's Signature  
H. BERLINGER  
Respondent's Name (Print)

10/21/08  
Date  
G-C.  
Working Title

[Signature]  
Reviewer's Signature  
MC SORRALL  
Reviewer's Name (Print)

10/21/08  
Date  
A.A.  
Working Title

Date Returned to Grievant: 10/22/08 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Grievance response:  
KCF-08-10-01283-28e  
Pointer #542653, B-3-86

The date of incident is listed as 10-6-08 and today's date is listed as 10-17-08 with no explanation for the cause in delay of filing.

PD 03.02.130 states, "A grievance shall be rejected by the Grievance Coordinator if the grievance is filed in an untimely manner. The grievance shall not be rejected if there is a valid reason for the delay."

Grievance rejected.

Received by Grievance Coordinator  
Step II OCT 8 0 7 52

Grievance Identifier

K C F 0 8 1 0 0 1 2 8 3 2 8 e

**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: KCF  
Warden's office by 10-31-08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Pointer	542653	KCF	B-3-86	10-16-08	10-28-08

STEP II - Reason for Appeal: *I REITERATE STEP I. EXHIBITING PERSONAL INTENTIONAL DELIBERATE INDIFFERENCE'S DENIED MEDICAL HEALTH CARE (REFUSE TO ALLOW ME TO SEE A DOCTOR AFTER 3 EVALUATIONS), FROM SUSAN H. WILSON-RN, 10-6-08; WENDY BALK-URSE SUPERVISOR 10-22-08, EVALUATED FOR FOOT FUNGUS ON 8-26-08, BACK SHOULDER 9-30-08 BY MARY SIZER-RN AND BY SUSAN H. WILSON-RN 10-6-08, 10-16-08. FOR HEMORRHOIDS BY DOCTOR T. STAHLMAN FLD TO KITE. NEVER RESOLVED HIS PROBLEMS. INVIOATION OF P.D. 03.03.130 IN HUMANE TREATMENT!  
ALSO EXHIBITING PERSONAL INTENTIONAL DELIBERATE INDIFFERENCE'S FROM GRIEVANCE COORD. L. BERKINER CONSPIRATOR TOM MACKIE (NEVER INTERVIEWED BY DEPARTMENT ORDERED BY GRIEVANCE COORD. TO DETERMINE IF COULD BE RESOLVED AT STEP I. DENIED DUE PROCESS OF THE GRIEVANCE PROCEDURE INVIOATION OF P.D. 03.02.130 PAR-K5 - P.D. 03.03.130 ...ETC.*

STEP II - Response

Date Received by  
Step II Respondent:

OCT 8 0 7 14

SEE Attached

T. Mackie Alwarden  
Respondent's Name (Print)

T. Mackie  
Respondent's Signature

11/19/08  
Date

Date Returned to  
Grievant:

11/20/08

STEP III - Reason for Appeal

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III - Director's Response is attached as a separate sheet.**

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White - Central Office; Green - Canary - Step III; Pink - Step II; Goldenrod - Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step I

4/3/08

Grievance Identifier:

KT F08104 524 122

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURICE A. POINTER	592653	KIF	A-2-43	ON 9-11-07	4-3-08

What attempt did you make to resolve this issue prior to writing this grievance? On what date?

If none, explain why.

KITED LESLIE WISHT-HUM. SEVERAL TIMES: NO RESPONSE

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

WHAT I SEEK AND MY BODY NEEDS IS PHYSICAL THERAPY AND REHABILITATION FOR A SLIP AND FALL ON 10-11-07, A2-45 IN WHICH I INJURED MY LOWER BACK, LEFT SHOULDER, RIGHT HIP.

*Maurice A. Pointer*  
Grievant's Signature

RESPONSE (Grievant Interviewed?)

☐ Yes☒ No

If No, give explanation. If resolved, explain resolution.)

see attached

*Theresa Lovin*  
Respondent's Signature

Respondent's Name (Print)

4/9/08

Date

*RW13*  
Working Title

*Lori L. Davis*  
Reviewer's Signature

Reviewer's Name (Print)

4/9/08

Date

RW13

Working Title

Date Returned to

Grievant: 4/11/08

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 12/97  
CSJ-247 B

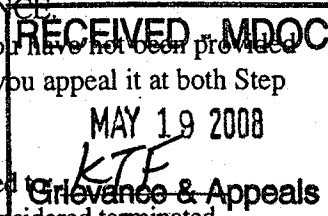
Date Received by Grievance Coordinator  
at Step II: APR 21 2008

Grievance Identifier

KTFO804 524 124

**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.



If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to Wardens Office by 4/27/08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. PINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-43</u>	<u>10-11-07</u>	<u>4-20-08</u>

**STEP II--Reason for Appeal**

I REITERATE STEP I. MEDICATION AND A LOWER BUNK IS NOT A RESOLUTION TOO HEAVY!  
RELIEF REQUESTED: TO BE SEEN BY A DOCTOR ON A MONTHLY BASIS AND ALSO PHYSICAL THERAPY!

**STEP II--Response**

Date Received by  
Step II Respondent:  
4-22-08

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant

**STEP III--Reason for Appeal**

DELIBERATE INDIFFERENCE. NOT RESOLVED AT STEP I-II  
PAST KILLING. INITIATIONS IN REGARDS TO 10-11-07 INCIDENT IVE BEEN CHARGED!  
3-9-08. KITED LESLIE WISAT-HUM. ALLERGIC REACTION TO FLEXERIL-TRAINS-HIVE'S. NO RESPONSE  
ALSO WITHIN KITED 5-9-08. INFORMING THEM 90 DAYS ASKED FOR BY SMALL MAN 2-15-08-5-15-08.  
IS UP AND I WOULD LIKE TO BE SEEN BY A DOCTOR. RELIEF REQUESTED. PHYSICAL THERAPY!

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III--Director's Response** is attached as a separate sheet.

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.



### Step III Grievance Response

MAURICE POINTER

542653

KTF 0804524

KCF

Grievant alleges that he is being denied care because physical therapy was not ordered following his slip and fall.

All information presented upon appeal to Step III has been reviewed in addition to the review of corresponding electronic medical records. As noted in earlier responses, grievant has been assessed and the medical conclusion was that physical therapy was not indicated at this time. Grievant's disagreement with this medical conclusion does not support a claim of denial of care.

The Step I and II responses are affirmed. Grievance denied.

Response of Bureau of Health Care Services

Date: 8/6/2008

Approved: \_\_\_\_\_

Date: 8/20/07

Step III ID: 219561

C: Warden

Regional Health Care Administrator

Grievant

6-1-25

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94  
CSJ-247A

Date Received at Step I

4/9/08

Grievance Identifier:

G-125.  
KTF 9804 546 1211

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
MAURICE A. POINTER	542653	KTF	<del>542653</del>	4-8-08	4-8-08

What attempt did you make to resolve this issue prior to writing this grievance? On what date?

If none, explain why.

STAFF CORRUPTION AS FAR UP AS THE WARDEN'S OFFICE!

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

THIS GRIEVANCE IS WRITTEN TO REDRESS AND ALSO BRING TO KTF ADMINISTRATIVE STAFF. RUM  
ARUS. RLO'S. CLO'S!THAT ON 10-11-07 11<sup>55</sup>AM. A-2-45. I FELL INJURING MY LOWER BACK. LEFT SHOULDER AND  
RIGHT HIP.4-8-08. 730AM. I WAS TOLD I HAD EXTRA DUTY. I WAS FORCED TO PUSH A KART AND DUMP  
A MATTRESS IN THE TRASH BEND OR FACE A MAJOR TICKET. DDD - DISOBEYING A DIRECTOR.  
TRASH BEND OPENING MORE THAN 4 FT FROM GROUND!

I HAVE PULLED SOMETHING AND MY BACK IS KILLING ME!

RELIEF REQUESTED - BE SUSPENDED FROM SEVERE DUTY - LIGHT DUTY ONLY!

P.D. 03.03.105C. REVIEW POLICY STATEMENT - SECTIONS A, B, C!

P.D. 03.03.130. SECTION D - PRISONER'S SHALL NOT BE SUBJECTED TO PERSONAL ABUSE FROM STAFF

Maurice A. Pointer  
Grievant's Signature

RESPONSE (Grievant Interviewed?)

☐ Yes☒ No

If No, give explanation. If resolved, explain resolution.)

Theresa Lovin  
Respondent's SignatureTheresa Lovin  
Respondent's Name (Print)4-16-8  
DateRN12  
Working TitleLeslie Wright  
Reviewer's SignatureLeslie Wright  
Reviewer's Name (Print)4-17-08  
DateHuen  
Working TitleDate Returned to  
Grievant: 4/22/08If resolved at Step I, Grievant sign here.  
Resolution must be described above.

Grievant's Signature

Date

Michigan Department of Corrections  
Prisoner/Parolee Grievance Appeal Form

4835-4248 12/97  
CSJ-247B

Date Received by Grievance Coordinator  
at Step II 4/29/08

Grievance Identifier

KT F108104 | 546 | 12B

**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Wardens Office by 5/5/08. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909

Name (first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>MAURICE A. POINTER</u>	<u>542653</u>	<u>KTF</u>	<u>A-2-43</u>	<u>4-28-08</u>	<u>4-28-08</u>

STEP II - Reason for Appeal ISSUED A MEDICAL DETAIL RELIEVING ME OF ANY PULLING, LIFTING AND TO BE REEVALUATED BY A DOCTOR FOR MY BACK CONDITION! KITED 11-2-07, TO BE EVALUATED FOR AN ACCIDENT CHARGED 5-60-PAY! 10-11-07, 11:00AM A-2-45, FELL FROM STOK PROVIDED BY JACQUELINE MADEAU, ASS. DEPT. WARDEN OF HOUSING, TO GAIN ACCESS TO TOP BUNK! STAFF CORRUPTION AS FAR UP AS THE WARDEN- THEY LIE THE OTHER COVER'S, CONDONE'S

**STEP II - Response**

Date Received by  
Step II Respondent:

APR 30 2008

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to  
Grievant:

5/5/08

**STEP III - Reason for Appeal**

NOT RESOLVED AT STEP I-II, RELIEF REQUESTED: LIGHT DUTY ACCOMMODATION, PAST KITTINS, INITIATIVES FOR 10-11-08 INCIDENT. HAS RESULTED IN A CO-PAY OF \$500 DELIBERATE INDIFFERENCE, RAO MAYOR HAS PRIOR KNOWLEDGE OF INCIDENT ON 10-11-07, BECAUSE SHE WAS HERE, EXPERIENCING RETRIBUTION, RETRIATION FOR GRIEVANCE WHOSE REASONS FELL ON CO-WORKERS!

NOTE: Only a copy of this appeal and the response will be returned to you.

**STEP III - Director's Response is attached as a separate sheet.**

If you find the Step III Director's response unsatisfactory, you have the option of referring the grievance to the Office of Legislative Corrections Ombudsman, 4th Floor, Capitol Hall, 115 W. Allegan, Lansing, Michigan, 48913.

DISTRIBUTION: White - Central Office; Green - Canary - Step III; Pink - Step II; Goldenrod - Grievant

### Step III Grievance Response

MAURICE POINTER

542653

KTF 0804546

Grievant alleges that there is staff corruption at the facility because he was charged a co-pay for his back injury and has not been provided a light duty assignment.

All information presented upon appeal to Step III has been reviewed. A disagreement with the medical conclusion of the attending provider does not equate to nor support a claim of staff corruption.

The Step I and II responses are affirmed. Grievance denied.

Response of Bureau of Health Care Services

Date: 8/7/2008

Approved: \_\_\_\_\_

Date: 8/20/08

Step III ID: 219560

C: Warden

Regional Health Care Administrator I

Grievant

KCF

# DEPARTMENT OF CORRECTIONS STATE OF INTENT TO CONDUCT AN ADMINISTRATIVE HEARING

Prisoner Number: 042653	Prisoner Name: POINTER, MAURICE	Facility: KCF	Lock: E-1-48	Date: 1/31/09
Reporting Staff Member Name (PRINT): A. Laitinen		Title: Accounting Assistant	Reporting Staff Member Signature: <i>[Signature]</i>	
Nature of Hearing (Property disposition, restriction, etc): Health Care Co-Payment - 1/6/09 VISIT				
Reason for Hearing (Describe events leading to this requested action. If property is involved, list all items and explain why taken):				

Pursuant to PD 03.04.101 Prisoner Health Care Co-Payment, if a prisoner refuses to sign the CHJ-549, a NOI will be prepared and an Administrative Hearing conducted. The above named prisoner filled out Form CHJ-549 requesting Health Care services. The prisoner was seen by health care staff and instructions were given. It was determined by Health Care staff at the time of the visit that the prisoner should be charged a fee of \$5.00 pursuant to PD 03.04.101. The prisoner refused to sign the CHJ-549 (copy attached) accepting the \$5.00 Health Care co-pay charge.

Proposed Disposition (Indicate what action you believe should be taken to address/resolve the above matter):

NOTE: Property dispositions are limited to the following:

- ☐ Photograph & return to prisoner it belongs to (except money/postage)
- ☐ Money/Postage - Turn over to PBF
- ☒ Store up to 30 calendar days for pick up
- ☐ Donate to charity as approved by the warden (property only)
- ☐ Mail at prisoner expense to person identified by prisoner
- ☐ Destroy (set forth reason below)

NOTE: Non-property dispositions:

- ☐ Telephone restriction \_\_\_\_ days  
begins \_\_\_\_ ends midnight \_\_\_\_
- ☐ Remove from following program: \_\_\_\_
- ☒ Remove \$5.00 from prisoner's account  
(indicate reason below)
- ☐ Other (explain below)

Additional Information (cite relevant rule, policy directive, procedure or justification):

The Health Care co-pay must be paid by the prisoner for the requested health care service in accordance with PD-03.04.101, despite the prisoner's refusal to sign form CHJ-549. Payment will be processed, as appropriate, once the Business Office received a completed hearing report. If the prisoner lacks sufficient funds to pay the fee, to co-pay shall be considered and institutional debt and shall be collected as set forth in PD-04.02.105

Please provide Prisoner Accounting with one copy of the CSJ-144 Administrative Hearing Report.

<input type="checkbox"/> I understand and agree with the proposed disposition stated above and waive the right to a hearing. (to be checked ONLY if prisoner agrees with proposed disposition and does NOT wish to have a hearing).	
OR	
<input checked="" type="checkbox"/> I request a hearing. I have received a copy of this report. My signature does not necessarily mean that I agree with the report (to be checked ONLY if prisoner wishes to have a hearing).	
<input type="checkbox"/> I waive the 24 hour notification of hearing requirements.	Prisoner's Signature: <i>[Signature]</i> Date: 2/10/09

Copy personally handed to prisoner on this date by the following staff member:

Staff Member Name (PRINT): <i>[Signature]</i>	Title: <i>[Signature]</i>	Staff Member Signature: <i>[Signature]</i>	Date: 2/10/09
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Distribution: ☐ Record Office File ☐ Counselor File ☐ Prisoner

## ADMINISTRATIVE HEARING REPORT

Prisoner's Name: POINTER	Number: 542653	Date of Notice: 1/13/2009
Reporting Staff Member's Signature: A. Laitinen	Block/Unit: E-1	Cell/Room: 48

Purpose of Hearing:

MEDICAL CO-PAY

## REPORTING STAFF MEMBER'S STATEMENT:

THIS PRISONER REQUESTED AND WAS EVALUATED FOR A HEALTH CARE CONCERN ON 1/06/2009 AND INSTRUCTIONS WERE GIVEN. HE REFUSED TO SIGN THE CHJ-549. IT WAS DETERMINED BY HEALTH CARE PERSONNEL AT THE TIME OF THIS VISIT THAT THE PRISONER SHOULD BE CHARGED THE \$5.00 CO-PAY BECAUSE THE VISIT DID NOT MEET ANY OF THE EXCEPTIONS LISTED ON THE BOTTOM OF THE CHJ-549.

## PRISONER'S STATEMENT:

Pointer refused to sign the NOI CSJ-282, therefore, an investigation was done and this hearing was completed. During the initial interview, Pointer stated that he did put in the health care kite to get his medications refilled, but, there was no call out for him and therefore he did not receive his medications and should not have to pay. Pointer stated that he did not go to health services.

## HEARING OFFICER'S FINDINGS (INCLUDE REASONS FOR FINDINGS):

Hearings Officer reviewed Pointer's callout schedule for 1/06/2009 and note that Pointer did, if fact, have a call out scheduled to see the nurse for 0930 hours. Pointer's CHJ-549 Health Care Request was reviewed. It is noted on the form that Pointer refused to sign the form. As Pointer's visit to Health Care does not meet the criteria to be exempt from the co-payment, Pointer shall be responsible for the \$5.00 payment.

## DISPOSITION OF ITEMS, IF ANY:

Pointer must pay the co-payment of \$5.00. This amount will be removed from his prisoner account.

TYPE OR PRINT NAME OF HEARING OFFICER:

ARUS G. SURIANO

Signature of Hearing Officer:

Date of Hearing:

Thursday, February 12, 2009

DISTRIBUTION: White - RO File; Canary - Central Office File; Pink - Prisoner; Goldenrod - Counselor File



**MICHIGAN DEPARTMENT OF CORRECTIONS  
MEDICAL DETAIL**

**FACILITY: KTF**

**COMPLETED BY: Rachael A. Kronemyer**

**SITE: KTF**

**02/15/2008 12:29 PM**

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Medlines at 1900 effective from 02/15/2008 through 08/31/2008  
Order written by Rachael A. Kronemyer on 02/15/2008 at 12:29 PM

Approved by Timothy Stallman, DO on 02/15/2008 at 8:54 AM.

Provider: Timothy Stallman

**NAME: Pointer, Maurice a.**  
**NUMBER: 542653**  
**D.O.B: 05/23/1964**



**MICHIGAN DEPARTMENT OF CORRECTIONS  
MEDICAL DETAIL**

**FACILITY: KTF**

**COMPLETED BY: Timothy Stallman, DO**

**SITE: KTF**

**02/15/2008 8:28 AM**

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~~Housing: Bottom Bunk Cells from 02/15/2008 through 02/11/2008~~  
~~Order written by Timothy Stallman, DO on 02/15/2008 at 8:33 AM~~  
~~Approved by Timothy Stallman, DO on 02/15/2008 at 8:54 AM.~~

Provider: Timothy Stallman

NAME: Pointer, Maurice a.  
NUMBER: 542653  
D.O.B: 05/23/1964





STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

PATRICIA CARUSO  
DIRECTOR

October 24, 2008

Pointer #542653 B-3-86  
Kinross Correctional Facility  
16770 South Water Tower Drive  
Kincheloe, Michigan 49788

Mr. Pointer:

I am in receipt of your letter of October 22, 2008. You state that Wendy Ball treated you unprofessionally and refused to let you see the medical practitioner.

Per your medical record and verified by other staff present you refused to cooperate with Ms. Ball's assessment. You refused to answer her questions and simply [REDACTED]. If you would like a referral to a [REDACTED] you will have to rekindle and cooperate with the health care staff on the day of your visit. If you require a referral to a [REDACTED] you will be referred for an appointment or the [REDACTED] will be asked to consult with the nurse during your evaluation for further intervention. Your failure to cooperate is what stood in the way of further treatment.

I encourage you to rekindle if your problem persists and to cooperate with your evaluation. Thank you.

Sincerely,

*Tanya L. Cunningham*  
Tanya Cunningham, RN, HUM



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

PATRICIA CARUSO  
DIRECTOR

November 14, 2008

E-1-48

Pointer #542653 ~~B-3-86~~  
Kinross Correctional Facility  
16770 South Water Tower Drive  
Kincheloe, Michigan 49788

Mr. Pointer:

I am in receipt of your letter which is undated. In reviewing your medical record I see that you are being treated for [REDACTED]. These are both conditions which can improve, go away, and then recur. When you are uncomfortable we will treat you; when you are comfortable you should do fine.

Co-pays are charged whenever there is a patient initiated appointment that requires a nursing evaluation. Whenever you kite for another evaluation you will be charged. In reviewing your record I do not see any situations that need to be resolved.

Thank you.

Sincerely,

*Tanya Cunningham*

Tanya Cunningham, RN, HUM

**MICHIGAN DEPARTMENT OF CORRECTIONS  
REQUEST FOR SERVICES - KITE RESPONSE  
MEDICAL**

**FACILITY: KCF**

**COMPLETED BY: Alan M. Manzardo, RN**

**SITE: KCF**

**10/10/2008 1:03 PM**

**Triage discipline: MEDICAL    Date Initiated: 10/09/2008    Date Received: 10/10/2008**  
**Type of Request: ROI kite**

**Problem 1:**

Complaints: ~~Bottom bunk renewal~~

Triage: Nurse see comment below    Scheduled for on or about:

Patient's perspective of urgency: (routine)

Staff's perspective of urgency: (routine)

**Comments:** Why do you request Bottom bunk ? 0 current order for bottom bunk you need reevaluation by  
RN

23410765 BATE#908206 11-5-07

**NAME: Pointer, Mauricea.  
NUMBER: 542653  
D.O.B: 05/23/1964**

0386



**MICHIGAN DEPARTMENT OF CORRECTIONS  
SPECIAL ACCOMMODATION NOTICE**

**FACILITY: KCF  
COMPLETED BY:** [REDACTED]

**SITE: KCF  
10/06/2008 7:36 AM**

**A. Housing:**

**HJ: Extra Bedding/Clothing (extra pillow) from 10/06/2008; ordered on 10/06/2008 at 8:00 AM  
by Susan H. Wilson, NP**

Provider name: Susan H. Wilson

ORIGINAL

**NAME: Pointer, Maurice a  
NUMBER: 54265  
D.O.B: 05/23/196**

**MICHIGAN DEPARTMENT OF CORRECTIONS  
REQUEST FOR SERVICES - KITE RESPONSE  
MEDICAL**

**FACILITY:** KCF  
**COMPLETED BY:** Danielle L. Bartunek, RN

**SITE:** KCF  
**10/14/2008 1:32 PM**

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**Triage discipline:** MEDICAL    **Date Initiated:** 10/14/2008    **Date Received:** 10/15/2008  
**Type of Request:** symptom kite

**Problem 1:**

Complaints: ~~hemorrhoids~~ inflamed/irritated

Triage: schedule for sick call    Scheduled for on or about: 10/16/2008  
Patient's perspective of urgency:  
Staff's perspective of urgency: (routine)

B-3-86  
**NAME:** Pointer, Mauricea.  
**NUMBER:** 542653  
**D.O.B:** 05/23/1964

**MICHIGAN DEPARTMENT OF CORRECTIONS  
REQUEST FOR SERVICES - KITE RESPONSE  
MEDICAL**

**FACILITY:** KCF  
**COMPLETED BY:** Penny L. Fillion, RN

**SITE:** KCF  
**10/20/2008 12:20 PM**

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**Triage discipline:** MEDICAL    **Date Initiated:** 10/20/2008    **Date Received:** 10/20/2008  
**Type of Request:** symptom kite

**Problem 1:**

**Complaints:** ~~Reminds me~~ "blown out";

**Triage:** schedule for sick call    **Scheduled for on or about:** 10/21/2008  
**Patient's perspective of urgency:** (urgent)  
**Staff's perspective of urgency:**

3386  
**NAME:** Pointer, Mauricea.  
**NUMBER:** 542653  
**D.O.B:** 05/23/1964



**MICHIGAN DEPARTMENT OF CORRECTIONS  
MEDICAL DETAIL**

**FACILITY: KCF**  
**COMPLETED BY: Matt Sizer, RN**

**SITE: KCF**  
**09/30/2008 10:41 AM**

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**HWB** effective from 09/30/2008 through 03/30/2009  
Order written by Matt Sizer, RN on 09/30/2008 at 11:02 AM

Provider: Susan H. Wilson

**ORIGINAL**

**NAME: Pointer, Maurice a.**  
**NUMBER: 542653**  
**D.O.B: 05/23/1964**

**CIVIL COVER SHEET FOR PRISONER CASES**

<b>Case No.</b> 10-10589		<b>Judge:</b> Denise Page Hood	<b>Magistrate Judge:</b> Virginia M. Morgan
<b>Name of 1<sup>st</sup> Listed Plaintiff/Petitioner:</b> MAURICE A POINTER		<b>Name of 1<sup>st</sup> Listed Defendant/Respondent:</b> MICHIGAN DEPARTMENT OF CORRECTIONS ET AL	
<b>Inmate Number:</b> 542653		<b>Additional Information:</b>	
<b>Plaintiff/Petitioner's Attorney and Address Information:</b>			
<b>Correctional Facility:</b> Gus Harrison Correctional Facility 2727 E. Beecher Street Adrian, MI 49221 LENAWEE COUNTY			

**BASIS OF JURISDICTION**

- ☐ 2 U.S. Government Defendant  
☒ 3 Federal Question

**ORIGIN**

- ☒ 1 Original Proceeding  
☐ 5 Transferred from Another District Court  
☐ Other:

**NATURE OF SUIT**

- ☐ 530 Habeas Corpus  
☐ 540 Mandamus  
☒ 550 Civil Rights  
☐ 555 Prison Conditions

**FEE STATUS**

- ☒ IFP *In Forma Pauperis*  
☐ PD Paid

**PURSUANT TO LOCAL RULE 83.11**

1. Is this a case that has been previously dismissed?

☐ Yes ☒ No

> If yes, give the following information:

Court: \_\_\_\_\_

Case No: \_\_\_\_\_

Judge: \_\_\_\_\_

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes ☒ No

> If yes, give the following information:

Court: \_\_\_\_\_

Case No: \_\_\_\_\_

Judge: \_\_\_\_\_